

## Out-of-District Provider Certification Agreement

<u><b>Sending School</b></u>	<u><b>Receiving School</b></u>
Student Name: _____	School/Program: _____
Student DOB: _____	School Year: _____
Supervisory Union: _____	

The Medicaid State Plan permits Supervisory Unions to bill Medicaid for certain IEP services under the School-Based Health Services Program. Supervisory Unions must complete Level of Care (LOC) forms which identify eligible services. It is the responsibility of Supervisory Unions, as Organized Delivery Systems, to confirm that actual service delivery is consistent with the scope of services identified in the IEP, including the quantity of services and the type of provider. As Organized Delivery Systems, Supervisory Unions must also ensure that all services billed on a child's LOC are provided by staff who meet Medicaid's provider qualifications.

### **Out of District School Authorization**

As an authorized representative of the above school, I confirm the following:

- Services will be provided in accordance with the scope of services specified in the IEP.
- Services will be provided by qualified personnel as specified by Medicaid program policies. Documentation on staff qualifications will be maintained.
- No services billed to Medicaid elsewhere will be listed on the LOC forms for billing to the School-Based Health Services Program.
- Records shall be retained that fully document the services provided and shall be made available to the State Medicaid Agency, the U.S. Secretary of Health and Human Services and the Medicaid Provider Fraud Unit of the Office of the Vermont Attorney General, if requested to do so.
- Services will be provided in accordance with Title VI of the 1964 Civil Rights Act and Section 504 of the Rehabilitation Act of 1973, as amended.

I agree that documentation to support the billable services will be provided to the sending supervisory union.

Signed \_\_\_\_\_ Dated \_\_\_\_\_

### **Supervisory Union Authorization**

As an authorized representative of the Supervisory Union, I confirm that the Independent School specified above will provide services in accordance with those listed in the LOC and that such services will be provided by appropriately qualified staff.

Signed \_\_\_\_\_ Dated \_\_\_\_\_